

Myth vs. Fact: Voluntary Advance Care Planning in the Medicare Annual Wellness Visit

The Center for Medicare and Medicaid Services (CMS) recently published regulations regarding the Medicare Annual Wellness Visit. This new Medicare benefit provides beneficiaries with a personalized prevention plan that includes age-appropriate preventive services generally available to Medicare beneficiaries and additional services that may be appropriate because of the patient's individual health status. During the regulatory process, CMS received public comments from patient advocates, physician organizations, and members of Congress urging the addition of voluntary advance care planning. Based on these comments and recent research showing that patients benefit from these conversations, CMS included voluntary advance care planning to the list of benefits included in these routine check-ups.

Promoting prevention, wellness, and advance care planning have long been bipartisan initiatives. The Medicare Modernization Act of 2003 included a significant enhancement to preventive care by establishing the initial preventive physical exam. This same Republican-led legislation also expanded benefits for terminally ill individuals to receive counseling with respect to care options and advance care planning. The Medicare Improvements for Patients and Providers Act of 2008, which passed with broad bipartisan support, enhanced the initial preventive physical exam by adding information regarding preparing an advance directive and services covered by Medicare.

Myth: The recent addition of voluntary advance care planning to the Medicare Annual Wellness Visit is tantamount to the establishment of "death panels."

- **FACT: Voluntary advance care planning is already a Medicare benefit, but it is only available to certain individuals at limited times. This new regulation simply includes voluntary advance care planning in the Medicare Annual Wellness Visit so that every Medicare beneficiary has the opportunity to express their values and preferences for future care with their physician.**

Myth: Advance directives are only used to forgo aggressive treatment.

- **FACT: Advance directives put power in the hands of the individual to communicate values and preferences for medical care in the event that he/she can no longer make medical decisions. With an advance directive, you can express how much or how little you want done for you when you are no longer able to make these decisions. The forms are designed to allow individuals to customize and personalize their wishes so that they are able to stay in control of their health care.**

Myth: Most people want the most the most aggressive methods employed to prolong their life.

- **TRUTH:** Every individual has unique and personal values about what kind of medical care they want to receive. A key objective of our health care system should be to elicit and respect each patient's preferences for care – that is how we achieve high quality, patient-centered care. Advance directives provide a useful tool for realizing this goal.

Myth: *Advance care planning is an indirect way of steering people away from aggressive treatment.*

- **FACT:** Advance care planning is useful for all adults because having the conversation helps physicians and families honor and respect a patient's wishes. Some patients prefer aggressive treatment; others prefer care that is focused on their comfort.

Myth: *This regulation proves that "Death Panels" were part of health reform.*

- **FACT:** There are no such things as "death panels." PolitiFact declared "death panels" the [Political Lie the Year for 2009](#). Advance care planning simply enables individuals to express their desires for treatment should they become unable to direct their own care. This is already a Medicare benefit, but it is only available to certain individuals at limited times. The new regulation includes voluntary advance care planning in the Medicare Annual Wellness Visit so that every Medicare beneficiary has the opportunity to express their values and preferences for future care with their physician.

Myth: *These regulations were created through a secret process.*

- **FACT:** All CMS regulations are created through a public, transparent process that involves notices in the Federal Register and publication of all comments received by federal agencies on Regulations.gov.

Myth: *Advance care planning provisions were "stripped from the health reform bill."*

- **FACT:** Voluntary advance care planning was in the health reform bill that passed the House (HR 3962) as well as the earlier version of the House bill (HR 3200) which was marked up by all three House committees of jurisdiction. The provision was based on bipartisan legislation. No member of Congress filed an amendment regarding this provision during the committee hearings. The Senate bill (HR 3590) never included a comparable provision and the Reconciliation process made it impossible to add it.